

CLAIMS ONLY								Application Number <u>10067847</u> Filing Date		
								Applicant(s)		
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5							55			
6							56			
7							57			
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9							59			
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11		1					61			
12		1					62			
13	1						63			
14		1					64			
15	1						65			
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18							68			
19	1						69			
20		1					70			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			